


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # V61805 1. Entity Name ANDERCO INC.	
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Principal Place of Business 1300 S HIGHLAND AVE CLEARWATER, FL 33756 US	Mailing Address 1300 S HIGHLAND AVE CLEARWATER, FL 33756 US
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DO NOT WRITE IN THIS SPACE

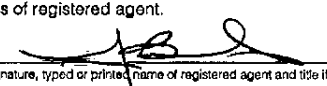


01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3139075	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ANDERSON, JAMES B. 1300 S HIGHLAND AVE CLEARWATER, FL 33756
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE  James B. ANDERSON 1/7/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE</small>

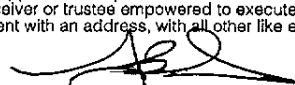
FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANDERSON, REGINA W 2350 N.E. COACHMAN ROAD CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, JAMES B 424 CYPRESS VIEW DR OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, JOHN C JR 2350 NE COACHMAN RD CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, JUSTICE WOLFE 1643 ALLEN'S RIDGE DR. N. PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, JOHN C 2350 NE COACHMAN RD CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000178815
01/12/05-80039-013 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.
SIGNATURE:  James B. ANDERSON 1/7/05 727-447-2998 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>